SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



	Permit #:	19-0330
(ENTER)	Date:	9-17-19
	DAmount Paid: ICC PM+	75.
The second second	Refund:	# 26506009

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Checks are made pa DO NOT START CON	.511150116	/				I I Spin	OUT IN INK (NO	LEIACIE	
TYPE OF PERMIT Owner's Name:	REQUES	TED→ M LAI	ND USE 🗆 SANIT	TARY □ PRIVY	☐ CONDITION.		AL USE 🗆 B.O	and the second of the second of	OTHER
^	1.1		N	Mailing Address:	iwit City		Telepho	one: 715.	
Address of Property	401	ve	d	0715 Shore	es Dr. Lo	W154827 743-3908 Cell Phone: 218			
Address of Property	y:	401	n_{\bullet}	and the second second				Cell Pho	one: 218
Contractor:) 1 3 K	icul Show	ies Un.	Cornuc	opia, U	11548	27	240	1892
			'	Contractor Phone:	Plumber:			Plumbe	r Phone:
Authorized Agent:	(Person Sig	ning Application on beh	alf of Owner(s))	gent Phone:	Agent Mailing A	ddress (include City/Si	ate/Zip):	Written	Authorization
			Т	ax ID#				☐ Yes	□ No
PROJECT LOCATION	Legal	Description : (Use	Tax Statement)	7452	= 744	10	Recorded Doc	ument: (Sh	nowing Ownership)
1/4,	1	Gov't Lot	93730			(s) No. Block(s) No	Subdivision:		528004
Section 20	. Tow	nship <u>50</u> N,	100000	Town of:			Lot Size	Acrea	age
				Bell		The state of the s	55-74		1.696
	☐ Is F	Property/Land with k or Landward side	in 300 feet of River, of Floodplain?	Stream (incl. Intermittent		ucture is from Shore		Property odplain	Are Wetlands
☑ Shoreland —			in 1000 feet of Lake,			ucture is from Shore	Zo	ne?	Present? Yes
		Lake Si	skiwi F	If yescontinue —	·	116	foot	Yes No	≥No
☐ Non-Shoreland								- 5-3-3-	
Value at Time									
of Completion					Total # of bedrooms	1	What Type of		Type of
* include donated time &		Project	# of Stories	Foundation	on		r/Sanitary System	Water	
material					property	Is o	n the property?		property
		v Construction	☐ 1-Story	☐ Basement		☐ Municipal/Ci			☐ City
\$ 15		lition/Alteration version	1-Story + Lof				ry Specify Type:		Well
15,000		ocate (existing bldg)	2-Story	G Slab	□ 3	Sanitary (Exis	sts) Specify Type:	<u>rckling</u>	tank -
		Run a Business on		Use	_ □ _ □ Privy (Pit) or □ None □ Portable (w/ser			n 200 gall	on)
		perty		☐ Year Round				711/	
			Existin		!	□ None			
Existing Structure	e: (if per	mit hoing applied fo	- CNISTIN	<u>G:</u>	_	/			
Proposed Constr	Managar Commonwelling	mic being applied it	or is relevant to it)	Length: ?	4	Width: 2.6	He	sight.	28
2000000	uction:	Ever R. Room	Bath Room	Length:	8	Width: 26 Width: 7		eight: eight:	28
inside g	arag	Ever R. Room	Bath Room	Length: Lew: Bathro	om and				14
inside g Proposed Us	arag	Ever R. Room	Bath Room	Length:	om and	Width:		eight:	Square
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Proposed Us Residential Municipal U (we) declare that this a (are) responsible for the result of Bayfield Count property at any reasons Owner(s): (If there are Mult	Use	Principal Residence Bunkhou Residence Bunkhou Addition Accessor Condition Condition Condition Information His information I (we) are the purpose of inspection Cers listed on the Deed	Structure (first struct	Length: Proposed Struct ructure on property ing shack, etc.) Garage Seleeping quarter I date) Alteration (explain TARTING CONSTRUCTION amined by me (us) and to the ind that it will be relied upon b inhis application. I (we) consen	s, or cooking & cooking & n) WITHOUT A PERMI best of my (our) knowle y Bayfield County in de' t to county officials cha	width: Figs. food prep facilities) Will RESULT IN PENAL adge and belief it is true, col termining whether to issue reged with administering cou	Dimensio (X (X (X (X (X (X (X (X (X (ns	Square Footage 286 56
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below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink -NO PENCIL

(1) **Show Location of:** **Proposed Construction**

(2) Show / Indicate: Show Location of (*): North (N) on Plot Plan

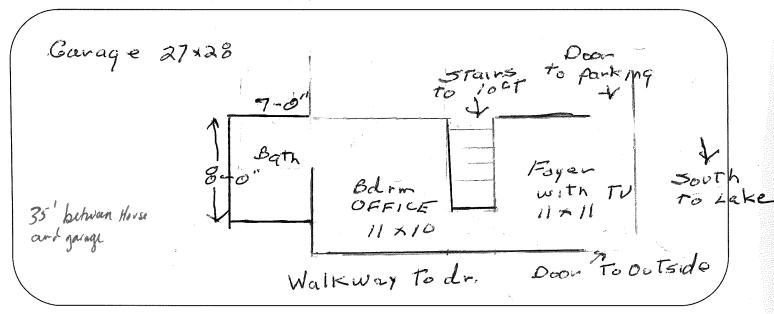
(3) (4) Show: (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property

(5) Show: (6) Show any (*): $(*) \ \textbf{Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) \ \textbf{Holding Tank (HT)} \ and/or (*) \ \textbf{Privy (P)}$

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Show any (*):

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measurement
Setback from the Centerline of Platted Road	187	Feet		Setback from the Lake (ordinary high-water mark)	//(a Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek	Feet
				Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	176	Feet			
Setback from the South Lot Line	111	Feet		Setback from Wetland	Feet
Setback from the West Lot Line	1.70	Feet		20% Slope Area on the property	☐ Yes ☐ No
Setback from the East Lot Line	37	Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	19	Feet		Setback to Well	Feet
Setback to Drain Field	XX	Feet			
Setback to Privy (Portable, Composting)	A 1 A	Feet			
	of the minimum required		he bo	undary line from which the setback must be measured must be visible from one	previously surveyed corner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expense,

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	29807	5	# of bedrooms:	Sanitary-Date: 7 - 22 - 99				
Permit Denied (Date):	Reason for Denial	Reason for Denial:							
Permit #: 19-0330	Permit Date: 0	-17-19	}						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Up Yes) (Fused/C	ontiguous Lot(s))	No .	gation Required gation Attached	□ Yes □ No □ Yes □ No	Affidavit Required Affidavit Attached Yes No				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		ald Belated at the live is	viously Granted by es ⊿No	Variance (B.O.A.)	se #:				
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes	and the second s	w	Were Property Lines Represented by Owner Was Property Surveyed ☐ Yes						
Inspection Record: Owner on-sine to explain project. Appe	and bhowed ars code com	pliant	inside o	of Structure	Zoning District (R) Lakes Classification (1.553)				
Date of Inspection: $8-23-19$	Inspected by:	Todd N	1000 d		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Signature of Inspector:	Condition: A UE contracted UDC is obtained prior to the meet and maintain	OC permit nspection e start of co setbacks.	from the local agency must b onstruction.) Mu	st	term Rental requires in permit. Date of Approval: 9-16-19				
Hold For Sanitary: Hold For TBA:	Hold Fe	or Affidavit:		Hold For Fees: 🗌					

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - Private Intercept (298072)
SIGN SPECIAL CONDITIONAL BOA -

work or land use has not begun.

misrepresented, erroneous, or incomplete.

or if any prohibitory conditions are violated.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been

This permit may be void or revoked if any performance conditions are not completed

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Authorized Issuing Official

Date

September 17, 2019

No.	19-0	330			Issued	d To: G a	ary Ho	ove							
Location:	-	1/4	of	-	1/4	Section	20	Township	50	N.	Range	6	W.	Town of	Bell
Par S of F Gov't Lot	Rd in 1		L	₋ot		Blo	ock	Su	bdivisio	on				CSM#	
								1- Story; B				ous	<u>e)</u> (8'	x 7') = 56	sq. ft.]
Condition	(e)· /	\	· ·	2 A W12	ait fra	m the lo	cally	contracted	linc	inen	ootion (NAAr	ICV M	uet ha al	
You are responsible fo	t p r complying	he sorepa enta s with sta	start arati	of ion quir	const in stru es sep	ruction octure with	If req ithout ermit.	uired. Mus obtaining	a CUF	et and for the are not ass	d main multiple	tain res	setb ideno	acks. No ces on pa	btained prior to kitchen / food rcel. Short-term to comply may result in removal or rces service center (715) 685-2900.

SUBMIT: COMPLETED APPLICATION TAX

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN TERE SEP 03 2019

Permit #:	19-0331
Date:	9-18-19
Amount Paid:	\$450 9-5-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT CO. ZONING

TYPE OF PERMIT REQUESTED → X LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER Mailing Address: City/State/Zip: Owner's Name: 15628 W. SentfineldR iarolyh Sun City West Address of Property: City/State/Zip: Cell Phone: Cornucopia Contractor: Adam Contractor Phone: Plumber Phone: Dennis Campbel 715209 1528 7152092036 Authorized Agent: (Person Agent Mailing Address (include City/State/Zip): Agent Phone: Written Authorization Attached
WI SYRYY X Yes No Adam Campbell 715-774-347 PIN: (23 digits) Recorded Document: (i.e. Property Ownership) PROJECT -ST-06-29-4 05 -006 Legal Description: (Use Tax Statement) 04- O\ O Volume 2011R Page(s) 570217 LOCATION 30000 Gov't Lot Lot(s) CSIM Vol & Page Block(s) No. Subdivision: Lot(s) No. _1/4, 1/4 6 1340 143 Town of: Lot Size N, Range _O6 Section <u>29</u>, Township _ W Del ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Distance Structure is from Shoreline: Is Property in Are Wetlands Creek or Landward side of Floodplain? feet If yes---continue --> Floodplain Zone? \hbar Shoreland \cdot Present? ☐ Yes ☐ Yes 🕅 Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: **∦No** A No If yes---continue -☐ Non-Shoreland Value at Time Ħ What Type of of Completion # of Stories **Project** Use of Sewer/Sanitary System Water * include and/or basement donated time & bedrooms Is on the property? material X New Construction ☐ Municipal/City 1-Story ☐ City X Seasonal χ_1 X (New) Sanitary Specify Type:), 000 らへん XWell ☐ Addition/Alteration 1-Story + Loft Year Round □ 2 50,000 Sanitary (Exists) Specify Type: Conversion 2-Story 3 ☐ Relocate (existing bldg) Privy (Pit) or U Vaulted (min 200 gallon) Basement ☐ Run a Business on No Basement □ None Portable (w/service contract) Property ☐ Foundation □ Compost Toilet □ None **Existing Structure:** (if permit being applied for is relevant to it) Width: Length: Height: **Proposed Construction:** Length: Width: Height:

Proposed Use	1	Proposed Structure	Dimensions	Square Footage
	X	Principal Structure (first structure on property)	(32 × 281)	896
		Residence (i.e. cabin, hunting shack, etc.)	(X)	
\		with Loft	(X)	
X Residential Use	<u> </u>	with a Porch	(8'x8')	64
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(X)	
		Mobile Home (manufactured date)	(X)	
		Addition/Alteration (specify)	(X)	
☐ Municipal Use		Accessory Building (specify)	(X)	
		Accessory Building Addition/Alteration (specify)	(X)	
		Special Use: (explain)	(X)	
		Conditional Use: (explain)	(X)	
		Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):	Date
(If there are Multiple Owner e lis ted on the Deed Alf Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent: Authorized Agent: Authorized Agent:	Date 8-28-2019
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	•
Address to send permit 14200 Matthews Rd. Herbster WI 54844	Attach Copy of Tax Statement

(1) Show Location of: Propos	ed Construction				
(2) Show / Indicate: North ((3) Show Location of (*): (*) Driv (4) Show: All Exis (5) Show: (*) Wel (6) Show any (*): (*) Lake	N) on Plot Plan reway <u>and</u> (*) Fronta ting Structures on yo	our Proper k (ST); (*) m/Creek;	Drain Field (DF); (*) Holding Tank (HT) and/or (*) Priv	y (P)	
	- AMMARIAN I		Λ		
		Î	V		\
AT 110'					
	New Home		•		
VIII-			278′		
75			20		
	o well		Priveway		
	, ,				
\$5°					
Please complete (1) – (7) above (prior to contin		18.8	Changes in plans must be approved by t	he Planning & Zo	oning C
Description	Measurement	t	Description	Measure	ement
tback from the Centerline of Platted Road	278 1	Feet	Setback from the Lake (ordinary high-water mark)	75	
tback from the Established Right-of-Way	0 100	Feet	Setback from the River, Stream, Creek		
though from the Newth Let Live			Setback from the Bank or Bluff	75_	
tback from the North Lot Line tback from the South Lot Line	1 100	Feet	Setback from Wetland		
tback from the West Lot Line	1 5 /	Feet Feet	20% Slope Area on property	Yes	П
tback from the East Lot Line	1	Feet	Elevation of Floodplain		
tback to Septic Tank or Holding Tank	30	Feet	Setback to Well	23	
tback to Drain Field		Feet	SCHOOL LO STOR	+ ~ ~ ~	
tback to Privy (Portable, Composting)		Feet			
	of the minimum required se		indary line from which the setback must be measured must be visible from a	ne previously surveye	d corner
er previously surveyed corner or marked by a licensed surveyor at th	e owner's expense.				visible fr

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

		ivit, village, city, state of	Todoral agentics may a	To regard permiss.		
Issuance Information (Cour	Sanitary Number: 19 - 70 3 # of bedrooms:			Sanitary Date: 7 – 31 – 19		
Permit Denied (Date):		Reason for Denial:				
Permit #: 19-633		Permit Date: 9-18	.19			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Record ☐ Yes (Fused/Contigue ☐ Yes	ous Lot(s)) 🗓 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.) Granted by Variance (B.O.A.)	ase #:	Į.	Previously Granted by	y Variance (B.O.A.) Cas	e #:	
Was Parcel Legally Co Was Proposed Building Site Delir	neated Yes DNo	40-	phaga usg //p		}	
Inspection Record: 5 ik 5h Proport is Stalled HIPPAIS COLD	at 75' from the compliant	rvey markers m bluff. Stal	found at project stone	along lake.	Zoning District Lakes Classificatio	(RI)
Date of Inspection: 9-13-1	9	Inspected by: Todd	Norwood		Date of Re-Inspec	ction:
Condition(s):Town, Committee or	Board Conditions Attac	hed? [] Yes Na				***************************************
			UDC permit from the inspection agency the start of construction setbacks.			
Signature of Inspector:	Nowood				Date of Appro	oval: 9-16-19
Hold For Sanitary:	Hold For TBA:	Hold For Affid	lavit:	Hold For Fees: 🗌		MARKET

n, City, Village, State or Federal mits May Also Be Required

LAND USE - X SANITARY - 19-70S SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

19-0331 Carolyn Knaack No. Issued To: Location: $\frac{1}{4}$ of Section Township Range 6 W. Town of **Bell** Gov't Lot Lot Block Subdivision CSM#

For: Residential Use: [1- Story; <u>Residence</u> (32' x 28') = 896 sq. ft.; <u>Porch</u> (8' x 8') = 64 sq. ft.;]
Total Overall = 960 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

September 18, 2019

Date